PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/553.345 Conf. No.: 2094 FEE TRANSMITTAL October 14, 2005 Filing Date For FY 2009 Kenii SAKAMOTO First Named Inventor Examiner Name H. NGUYEN Applicant claims small entity status. See 37 CFR 1,27 Art Unit 2627 TOTAL AMOUNT OF PAYMENT (\$) 810.00 1248-0819PUS1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 _ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 110 100 50 140 70 220 Plant 110 330 170 165 85 Reissne 330 165 540 650 270 325 220 Provisional 110 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 26 Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims _ - 20 or HP = 0 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Pald (\$) _ - 12 or HP = 12 0 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Pald (\$) 0 / 50 = _____ (round up to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$)

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